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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/802,114	03/15/2004	Ephrem Wu	04-0626	3272
24319	7590	04/25/2008		
LSI CORPORATION 1621 BARBER LANE MS: D-106 MILPITAS, CA 95035			EXAMINER OVEISSI, DAVID M	
			ART UNIT 2616	PAPER NUMBER
			MAIL DATE 04/25/2008	DELIVERY MODE PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary

Application No.

10/802,114

Applicant(s)

WU, EPHREM

Examiner

DAVID OVEISSI

Art Unit

2616

All participants (applicant, applicant's representative, PTO personnel):

(1) DAVID OVEISSI.(3) Robert Miller.(2) Huy Vu.

(4) _____.

Date of Interview: 09 April 2008.

Type: a) ☒ Telephonic b) ☐ Video Conference
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.
If Yes, brief description: _____.

Claim(s) discussed: _____.

Identification of prior art discussed: _____.

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Discussed the phrase "capable of" and potential amendment to replace the phrase(example, "switchable"). Examiner will further consider the potential alternative language.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

/Huy D. Vu/

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required